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| **Appraisal Exemption Application Form** |
| Section A - For completion by doctor |
| Doctors Name: |   |
| GMC Number: |   |
| CCG: |   |
| Mobile Number:  |   |
| Practice Telephone: |   |
| Home Telephone: |   |
| E-mail:  |   |
| Appraisal due date: |   |
| Date of last appraisal: |   |
| Name of last appraiser: |   |
| Revalidation due date:  |   |
| Reason for request for postponement of appraisal:To include date last worked and estimated return to work date.If applying due to sickness a copy of your latest certificate should also be sent. |   |
| Proposed date for next appraisal |   |
| Date of request |   |
|  |   |
| Section B - For completion by North East London Local Area Team |
| Date request received: |   |
| Name of person considering request: |   |
| Position: |   |
| Postponement agreed?  |   |
| Comment: |   |
| New appraisal due date (if applicable): |   |
| Date of decision:  |   |